ARIZONA STATE BOARD OF HEALTH  District of Man Order of District of District of Man Order of District of District of District of Man Order of District of Dis				1		$\nu$ $\stackrel{*}{}$
BURGAU OF VITAL STATISTICS  State Index No.  ORIGINAL CERTIFICATE OF BIRTH  County Registrar No.  ORIGINAL CERTIFICATE OF ATTENDING PLYSICIAN OR MIDWIFE!  In event of plant and an own living the county of the county	M'1).	ARI	ZONA STATE BO	OARD OF HEALT	H I	Í
ORIGINAL CERTIFICATE OF BIRTII  County Registrar No. 640  City of No. (If bith occurred in a hospital princitution, give its NAME instead of street and number)  2. Full name of child Mamuela Manuela Telly (If child is not yet named, make supplemental report, as of oriented)  2. Sex of Child To be answered ONLY of Twin, triplet or other. (I child is not yet named, make supplemental report, as of oriented)  3. Sex of Child To be answered ONLY of Twin, triplet or other. (I child is not yet named, make supplemental report, as of oriented)  4. Twin, triplet or other. (I child here of plural bitchs. S. No., in order of birth. (I child here)  5. No., in order of birth. (I child here)  6. Legitimate? To Date of birth Day Year  14. MOTHER  15. Realdence ((Usual place of abode))  16. Color or race  17. Asg. at last birthday Ab. (Years)  18. Birthplace (city or place) Manuela (State or country)  19. Geopation  Nature of industry  20. Number of children of this mother (Taken as of time of birth of child herein) (c) Born alive but now dead. (C)  19. Geopation  Nature of industry  20. Number of children of this mother (Taken as of time of birth of child herein) (c) Stillborn critical and including this child. (C) Stillborn critical and including this child herein) (c) Stillborn child make this return. A stillborn child so one that neither broathes nor shows other critical make this return. A stillborn child so one that neither broathes nor shows other critical or midwife, then the father, householder, etc., should make this return. A stillborn child so one that neither broathes nor shows other critical or in the after birth. Address.  Filed. 19.	District of	BUREAU OF VIT	AL STATISTICS	State Index No	135	. !
City of State or country)  1. Sent in name of child Manuela Ma						2
2. Full name of child. Manuela (If with occurred in a bogoital of institution, give its, NAME instead of street and number)  3. Ser of Child To be answered ONLY in event of plural births.  5. To be answered ONLY in event of plural births.  6. No, in order of birth	or					
2. Full name of child Manuela André Supplemental report, as directed.  3. Sex of Child To be answered ONLY in triplet or other 6. Legitimate? 7. Date in event of plural births. 5. No., in order of birth 10 year 7. Date of birth May 1 / 92 b.  5. No., in order of birth 10 year 7. Date of birth May 1 / 92 b.  6. Residence (Usual place of abode) 11. Assault 11. Assault 12. Ward 12. Ward 13. Ward 14. Ward 14. Ward 15. No., in order of birth 10 year 16. Ward 16.	City of	NoNo		St.,	Ward	
Second control of plural births   Second control of plural   Second control of plural births   Second cont	2. Full name of child Manue			I If child is r	ot vet named, make	
Full matter name Samuel Felly  9. Residence (Usual place of abode)  15 Residence (Usual place of abode)  16 mon-resident, give place and state.  17. Age at last birthday 2 (2 (Years))  18. Birthplace (city or place)  19. Occupation  Nature of industry  20. Number of children of this mother (Taken as of time of birth of child herein (city)  19. Occupation (city)  10. Donnalive and now living 2 (State or country)  11. Age at last birthday 2 (2 (Years))  12. Were precautions taken against ophonomic or midwite, then the father, householder etc., should make this return. A stillborn of city or midwile, then the father, householder etc., should make this return. A stillborn of child, who was (100 m) alive and more shown of the father householder etc., should make this return. A stillborn of city or midwile, then the father, householder etc., should make this return. A stillborn of city or midwile, then the father householder etc., should make this return. A stillborn of city or midwile, then the father householder etc., should make this return. A stillborn of city or midwile, then the father householder etc., should make this return. A stillborn of city or midwile.  10. When there was no attending physician of midwile, then the father householder etc., should make this return. A stillborn of city or midwile.  10. Address.  10. Color or race  11. Age at last birthday. A color of place of and state.  12. Were precautions taken against ophomogeneous them against ophomogeneous taken against ophomoge	in event of plural	}		of birth flory	9, 1926	
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(Usual place of abode)  If non-resident, give place and state.  If non-resident place and state	Sumue Ox	my.		ranca co	iosia	
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12. Birthplace (city or place). Chanada 18. Birthplace (city or place) Malada 19. Occupation 19.	10. Color or race	()	16 Color or race		0	
12. Birthplace (city or place). Chamada 15. Birthplace (city or place) Mull (State or country)  13. Occupation  Nature of industry  20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  CERTIFICATE OF ATTENDING INVISICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was (Born alive or stillborn child is one that neither breathes nor shows other evidence of life after birth.)  Given name added from a supplemental report.  Signature Of this child, 19 (Physician or midwile).  Filed 19 (Physician or midwile).  Local Registrar.	Mly 11. Age at last	birthday Q 6 (Years)	mer.	17. Age at last birti	iday 2/ (Years)	
13. Occupation Nature of industry  20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was  *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Given name added from a supplemental report  *Month, day, year  Signature  *Filed  *In or capture  *In on the date above stated  *In on the date above stated  *In or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  *Address  **Filed  **John Therefore  **John Therefore	Chi R	nahna-	18. Birthplace (city or	N. Land	lva,	
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